# Original Article

# Distribution of cases and outcome at psychiatry inpatient department of a tertiary care hospital

Ulhas Yashwant Bendale<sup>1</sup>, Sanjay Pandharinath Patil<sup>2</sup>

{\frac{1}{Assistant Professor, Department of Psychiatry} {\frac{2}{Assistant Professor, Department of Medicine}} Dr Ulhas Patil Medical College and Hospital, Jalgaon, Maharashtra, INDIA.

Email: dupmcj@yahoo.in

### **Abstract**

**Introduction:** There are many definitions of consultation-liaison psychiatry and there is persisting confusion about the nature of the sub-specialty. Definition may be based on the place of work, the patient group treated and the specialist knowledge and skills of the practitioners. The most common and traditional definition of C-L psychiatrists is defined as a psychiatrist working in a general hospital and it is a branch of Psychiatry that deals mainly with deliberate self-harm, medical/psychiatric co morbidity and medically unexplained illness. Aims and Objective: to study prevalence of various psychiatric illnesses in Psychiatry inpatient department and their outcome. Methodology: This was a cross-sectional, descriptive study of the patients admitted to psychiatry inpatients department at tertiary care hospital during the Jan2014 to Jan 2015 one year study, all the patients admitted to inpatients department were studied, the patients related information was collected by semi-structured questionnaire data presented in the form of percentages and in mean plus or minus standard deviation the statistical test were calculated By Graph Pad Prism 6 for the calculation of unpaired 't-test'. Result: Majority of the patients were from the 31-40 years age group i.e. (27.22%) followed by 41-50 i.e. (23.61%), 21-30 i.e. (21.94%), 51-60 i.e. (15.55%), 11-20 i.e. (7.22%), 61-70 i.e. (2.78%) and 1-10 i.e. (0.5%). Majority of the patients were male i.e.71.11% and Rural in dwelling (68.06%). As per the psychiatric diagnosis the most common illness was Neurotic, stress-related and somatoform disorder (27.22%) followed by Depressive disorders (22.78%) Organic Mental Disorders (22.50%) Disorders due to psychoactive Substance use (18.05%); Mood disorders (6.94%), unpaired t-test was applied to test the significance for Disorders due to psychoactive Substance use; the value was p<0.0001,t=22.24, df=351; for Schizophrenia and Delusional disorders p< 0.0005,t=3.52,df=293 were significantly higher than other illnesses average hospital stay. for Schizophrenia and Delusional disorders p< 0.0005,t=3.52,df=293 were significantly higher than other illnesses average hospital stay(2.4±1.9). Conclusion: Most common age for the psychiatric illnesses was 31-40 years age group, and was more common in male and rural and population. The hospital stay of the psychiatric illnesses like; Disorders due to psychoactive Substance use and Schizophrenia and Delusional disorders were significantly higher than other psychiatric illnesses.

**Keywords:** Psychiatric Illnesses, ECT (Electro-Convulsive Therapy).

#### \*Address for Correspondence:

Dr. Ulhas Yashwant Bendale, Assistant Professor, Department of Psychiatry, Dr. Ulhas Patil Medical College & Hospital, N.H.No.6, Jalgaon-Bhusawal Road, Jalgaon, Khurd, Jalgaon-425309 Maharashtra, INDIA.

Email: dupmcj@yahoo.in

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#### INTRODUCTION

There are many definitions of consultation-liaison psychiatry and there is persisting confusion about the nature of the sub-specialty. Definition may be based on the place of work, the patient group treated and the specialist knowledge and skills of the practitioners. The most common and traditional definition of psychiatrists is defined as a psychiatrist working in a general hospital and it is a branch of Psychiatry that deals mainly with deliberate self-harm, medical/psychiatric co morbidity and medically unexplained illness. 1 It is estimated that 21 to 26% of the medical outpatients have psychiatric disorder and life time prevalence of mental disorder in chronically physically ill patients is around 42% compared to 33.0% who did not have long term physical disability.<sup>2</sup> The medical practitioners of general hospital see high rates of psychiatric illness compared with rates in the community, as well as acute presentations of psychiatric problems, co morbid psychiatric and chronic physical illness, and Somatization who will not attend a community mental health setting.3 Despite this large potential need, liaison psychiatry services are often underdeveloped and provision varies greatly. 4-5. There is a dearth of studies which have focused on consultationliaison psychiatry in India. Data from the previous studies have suggested that the referral rates in India are very low (0.06%-3.6%), considering the higher psychiatric morbidity rates (18.42%-53.7%) which have been reported in the studies that have screened patients in other departments for psychiatric morbidity 6. The most common psychiatric diagnosis among referred patients who were reported in the studies varied, depending on the set up. Studies on inpatient referrals have found Organic Brain Syndrome to be the most common diagnosis<sup>7-9</sup>, while those who were referred from out-patient departments were more often diagnosed with neurotic, stress related and somatoform disorders <sup>10, 11</sup>.

## AIMS AND OBJECTIVE

To study prevalence of various psychiatric illnesses in Psychiatry inpatient department and their outcome.

#### MATERIAL AND METHODS

This was a cross-sectional, descriptive study of the patients admitted to psychiatry in patients department during the Jan2014 to Jan 2015 one year study, all the patients admitted to inpatients department were studied, the patients related information was collected by semi-structured questionnaire data presented in the form of percentages and in mean plus or minus standard deviation the statistical test were calculated By Graph Pad Prism6 for the calculation of unpaired t-test.

#### RESULT

Table 1: Distribution of the patients as per the Age wise

distribution		
Age	No (%)	
1-10	2 (0.5%)	
11-20	26 (7.22%)	
21-30	79 (21.94%)	
31-40	98 (27.22%)	
41-50	85 (23.61%)	
51-60	56 (15.55%)	
61-70	10(2.78%)	
>70	4 (1.11%)	
21-30 31-40 41-50 51-60 61-70	79 (21.94%) 98 (27.22%) 85 (23.61%) 56 (15.55%) 10(2.78%)	

Majority of the patients were from the 31-40 years age group i.e. (27.22%) followed by 41-50 i.e. (23.61%), 21-30 i.e. (21.94%), 51-60 i.e. (15.55%), 11-20 i.e. (7.22%), 61-70 i.e. (2.78%) and 1-10 i.e. (0.5%).

 Table 2: Distribution of the Patients as per the Demographic

Characters		
Character	Character No.(percentage)	
Male	256 (71.11%)	
Female	104 (28.89%)	
Rural	245 (68.06%)	
Urban	115 (31.94%)	

Majority of the patients were male i.e.71.11% and Rural in dwelling (68.06%)

**Table 3:** Distribution of the Patients as per the Diagnosis of Psychiatric illness

1 Sychiatric infess		
No (Percentage)		
98 (27.22%)		
82 (22.78%)		
81 (22.50%)		
65 (18.05%)		
25 (6.94%)		
7 (1.9%)		
2 (0.56%)		
360 (100%)		

As per the psychiatric diagnosis the most common illness was Neurotic, stress-related and somatoform disorder (27.22%) followed by Depressive disorders (22.78%) Organic Mental Disorders (22.50%) Disorders due to psychoactive Substance use (18.05%); Mood disorders (6.94%).

**Table 4:** Distribution of the Patients as per Outcome and average

nospital stay		
Diagnosis	Average hospital Stay (Mean±sd)	Outcome
Neurotic, stress-related and somatoform disorder	2±1 days	Improved
Depressive disorders	3±1days	Improved With Antidepressants
Organic Mental Disorders	4±1.5days	Not improved referred to Other department for Further Evaluation associated condition.
Disorders due to psychoactive Substance use	8±1.5days	Improved with withdrawal symptoms
Mood disorders	3±1.2days	Improved with mood stabilizers.
Schizophrenia and Delusional disorders	5± 3 days	Not improved Advised ECT.
Disorder of Childhood and adolescents	2±1.2days1	Improved

Maximum days of hospitalization required to patients having Disorders due to psychoactive Substance use i.e. 8±1.5days these patients improved with withdrawal symptoms followed by Schizophrenia and Delusional disorders that required on an average 5± 3 days but the condition was much reluctant was not improved, referred for further ECT therapy then followed by Organic Mental Disorders 4±1.5days Not improved referred to Other department for Further Evaluation associated condition, Mood disorders 3±1.2days Improved with mood stabilizers Depressive disorders 3±1days Improved With Antidepressants, Neurotic, stress-related and somatoform disorder 2±1 days Improved. Disorders due to psychoactive Substance use, Schizophrenia and

Delusional disorders were compared with average of all others illnesses' Average that was 2.4±1.9 days, unpaired t-test was applied to test the significance for Disorders due to psychoactive Substance use; the value was p<0.0001, t=22.24, df=351; for Schizophrenia and Delusional disorders p< 0.0005, t=3.52, df=293 were significantly higher than other illnesses average hospital stay.

#### **DISCUSSION**

In our study we have Observed Majority of the patients were from the 31-40 years age group i.e. (27.22%) followed by 41-50 i.e. (23.61%), 21-30 i.e. (21.94%), 51-60 i.e. (15.55%), 11-20 i.e. (7.22%), 61-70 i.e. (2.78%) and 1-10 i.e. (0.5%). Majority of the patients were male i.e.71.11% and Rural in dwelling (68.06%). These findings are similar to Chapagai M et al<sup>12</sup> as per the psychiatric diagnosis the most common illness was Neurotic, stress-related and somatoform disorder (27.22%) followed by Depressive disorders (22.78%) Organic Mental Disorders (22.50%) Disorders due to psychoactive Substance use (18.05%); Mood disorders (6.94%). unpaired t-test was applied to test the significance for Disorders due to psychoactive Substance use; the value was p<0.0001,t=22.24, df=351; for Schizophrenia Delusional disorders and 0.0005,t=3.52,df=293 were significantly higher than other illnesses average hospital stay. for Schizophrenia and Delusional disorders p< 0.0005, t=3.52, df=293 were significantly higher than other illnesses average hospital stay (2.4±1.9). Neurotic and stress related were the commonest in this study which is similar to other studies. 13,15 the proportion of depressive disorder found in our study is less than organic and substance induced disorder. In many studies, Mood or Depressive disorder is the commonest referred disorders whereas neurotic is the second commonest disorder in liaison psychiatry. 14,

#### **CONCLUSION**

The hospital stay of the psychiatric illnesses like; Disorders due to psychoactive Substance use and Schizophrenia and Delusional disorders were significantly higher than other psychiatric illnesses.

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